Enhancing Practice
2022 Conference

20:20 Vision – Transforming Our Future Through Person-Centred Practices

WEDNESDAY 6 – FRIDAY 8 APRIL 2022
SAGE HOTEL WOLLONGONG, NSW AUSTRALIA

#enhancingpractice2022

iPDc
working together
to develop practice

PERSON-CENTRED
PCC
COLLABORATIVE
TEACHING
RESEARCH
PRACTICE

A person-centred observational tool: devising the Workplace Cultural Critical Analysis Tool®

Val Wilson, Jan Dewing, Shaun Cardiff, Tone Elin Mekki, Christine Øye and Tanya McCance

Enhancing Practice
2022 Conference

Revision of the Workplace Culture Critical Assessment Tool (WCCAT®) has been undertaken by an International Community of Practice focused on person-centred practice research.

The authors of the WCCAT® were members of that community and the lead author was part of the team that undertook the original work.

The aims of this presentation are twofold:
• To outline the process for revising the original WCCAT, making explicit the links to the Person-Centred Practice Framework (McCormack and McCance, 2017)

• To provide guidance on the purpose of the revised tool (WCCAT®) and its use as a rigorous and systematic approach to studying and action planning in person-centred research and practice
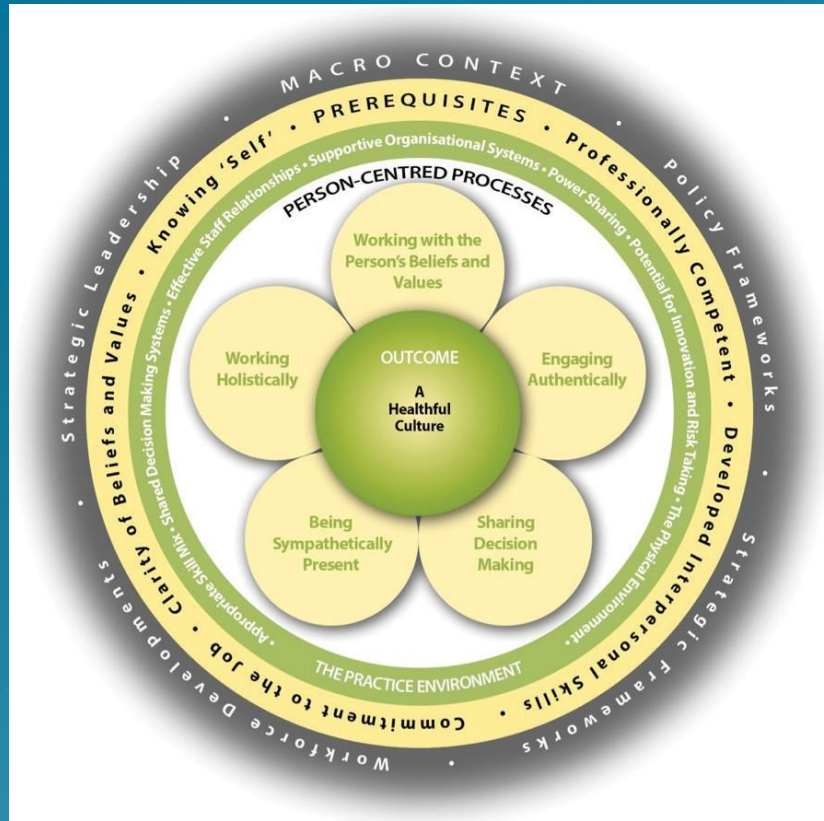
Measures of context and culture

There are several established methods to determine the context of a workplace – for example:

      * Context Assessment Index (McCormack et al., 2009b) &

      * Alberta Context Tool (Estabrooks et al., 2011).

The WCCAT® is primarily used to capture participant-observable data to construct evidence about a workplace culture and context. The original WCCAT was underpinned by a range of theoretical and policy frameworks as well as a range of development methods, including the Person-Centred Nursing Framework (McCormack and McCance, 2006), workplace culture (Manley, 2000a,b) and critical companionship (Titchen, 2001).

Making links to the PCPF

Person-centred Practice Framework (McCormack and McCance, 2017)

Enhancing Practice
2022 Conference

Benefits of the Tool

The WCCAT® has the benefit of being a flexible tool that can be used for participant observation at the micro, meso and macro levels of an organisation, including wards, community settings, care homes and so forth.

It is therefore recommended that this revised version of the tool be used alongside the PCPF – indeed, its use may not be appropriate where teams are unfamiliar with the framework.

While it is acknowledged that the tool cannot be used for all situations and contexts, it can be used more broadly than many other methods for collecting evidence in and about practice.

There are five distinct phases to the method

Pre participant observation

Participant observation

Raising awareness

Engaging in reflective dialogues

Participatory analysis and action planning

Based on Fawcett M (1996)

Guideline	Rationale
Preparing for participant observation 1. What is the focus of the observation (for example, aspects of the care environment)?	It is not possible to observe everything within a multisensory environment so you need to choose a focus for your observation. You may be required to observe on a number of occasions (at different time periods) to build up a picture of what is happening in a workplace. You need to take into account the environment, verbal and non-verbal communication, actions, events and people
2. How will you document your findings?	It is helpful to develop a system for documenting your findings that enables you to capture data during the observation in a timely manner. Consider what abbreviations or codes you may use to document findings. Using large margins allows you to capture your thoughts during and after the observation. You will need to take note of things such as place/date/time
3. Gaining access to the site	You need to negotiate access to the site, so think about how often and for how long you might want to observe practice. You also need to inform staff about the purpose of your observation and obtain consent where appropriate
4. Preparing yourself	It is best to observe with a colleague in order to validate your findings and agree on key issues. When choosing a partner for observation, consider the need for an insider/outsider approach (if you are insider to the setting then perhaps someone from outside the setting would be most appropriate as a partner, and vice versa). Consider having a trial observation with a colleague; that way you can both observe the same thing and then compare notes about what you observed
Undertaking an observation 1. Positioning yourself (+ other observer if required)	Consider the best vantage point for you to observe practice. In particular, you need to take into consideration how easy it will be for you to observe what is happening while remaining unobtrusive
2. Time	As you are developing your observation skills, you may find the high level of concentration required means you can only spend 15 to 30 minutes observing practice at a time. As you become proficient, this time can be increased
3. Recording data	Try to capture as much data as possible. Ensure your notes are clear and concise

Guideline	Rationale
Undertaking an observation 1. Positioning yourself (+ other observer if required)	Consider the best vantage point for you to observe practice. In particular, you need to take into consideration how easy it will be for you to observe what is happening while remaining unobtrusive
2. Time	As you are developing your observation skills, you may find the high level of concentration required means you can only spend 15 to 30 minutes observing practice at a time. As you become proficient, this time can be increased
3. Recording data	Try to capture as much data as possible. Ensure your notes are clear and concise
After participant observation 1. Review your notes	Write additional comments as soon as possible after the observation, as well as any questions you are posing about what you have observed. Compare notes with the other observer to develop a greater understanding about what was happening
2. Review the process	This can be done as an individual or group activity. What worked well during the observation? What things could you improve on? What did you learn about observation skills and techniques? What impact did your own value judgements have on what you observed? It may be helpful to capture your answers (and future development opportunities) for your learning portfolio
3. Do you require more observation?	Consider whether you (and any other observers) have enough material at this stage to move onto the next phase. If not, you need to consider what the focus of future observations will be, when they will take place and who will undertake them
4. Preparing for the next phase	If you feel you have enough material to undertake phase 2 (raising awareness), you then need to prepare your observations for feedback to staff and to facilitate a discussion in relation to what you observed

Preparing and undertaking a participant observation using the WCCAT®

Action Planning Stage

Table 5: Action plan example				
Ward 16 South	**Acute medical**	**Example action plan**		
Issues identified (focus of the action)	Actions (include policies that may impact on the action)	Who? (roles and responsibilities)	When?	Progress to date
Delayed answering of patient buzzer at times

Informed by data. Patient complaints and survey, and participant observation data for key performance indicator 5 (KPI5): time spent by nurses with the patient | New buzzer system to be installed in May/June 2019

Educating patients on admission that while buzzers are answered as soon as possible, sometimes there can be a delay

Educating staff on informing patients when ward needs are high and delays become more likely | Nurse unit manager to organise new buzzer installation

Clinical nurse educator and clinical champions to drive education about buzzers and staff response

Audit new system, review patient complaints and re-collect data for KPI5 | Review date: October 2019 | June New buzzer system installed for first half of ward (second half will be installed by September |
| Action plan approved: Jenny Smith, nursing unit manager. **Date:** March 2019 **Review:** 1 August 2019 | | | | |

Enhancing Practice
2022 Conference

Conclusion

- Observations of Practice and Environment are key in understanding Workplace Culture

- The WCCAT®

  - is a suitable tool for capturing observational data that provides systematic evidence of person-centred practice

  - provides guidance for observers and for those who facilitate feedback of data to staff

  - is to be used as part of a participatory and dialogical method

  - can be used in Practice Development, Quality Improvement & Research

Thank you and Questions

References

Estabrooks, C., Squires, J., Hayduk, L., Cummings, G. and Norton, P. (2011) Advancing the argument for validity of the Alberta Context Tool with healthcare aides in residential long-term care. *BMC Medical Research Methodology.* Vol. 11. Article 107. https://www.doi.org/10.1186/1471-2288-11- 107.

Fawcett, M. (1996) *Learning Through Child Observation*. London: Jessica Kingsley.

McCormack, B., Henderson, E., Wilson, V. and Wright, J. (2009a) Making practice visible: the Workplace Culture Critical Analysis Tool (WCCAT). *Practice Development in Health Care*. Vol. 8. No. 1. pp 28-43. https://www.doi.org/10.1002/PDH.273.

McCormack, B. and McCance, T. (2006) Development of a framework for person-centred nursing. *Journal of Advanced Nursing.* Vol. 56. No. 5. pp 472-479. https://doi.org/10.1111/j.1365- 2648.2006.04042.x

McCormack, B. and McCance, T. (Eds). (2017) *Person-centred Practice in Nursing and Health Care: Theory and Practice*. Oxford: Wiley-Blackwell.

Manley, K. (2000a) Organisational culture and consultant nurse outcomes. Part 1: organisational culture. *Nursing in Critical Care.* Vol. 5. No. 4. pp 179-184. https://www.doi.org/10.7748/ ns2000.05.14.36.34.c2840.

Manley, K. (2000b) Organisational culture and consultant nurse outcomes. Part 2: consultant nurse outcomes. *Nursing Standard.* Vol. 14. No. 37. pp 34-39. https://www.doi.org/10.7748/ ns2000.05.14.37.34.c2846.

Titchen, A. (2001) Critical companionship: a conceptual framework for developing expertise. Chp 10 *in* Higgs, A. and Titchen, A. (Eds) (2001) *Practice Knowledge and Expertise in the Health Professions*. Oxford: Butterworth Heinemann. pp 80-90.

www.enhancingpractice.com.au

#enhancingpractice2022

iPDc
working together
to develop practice

PCC
COLLABORATIVE
PERSON-CENTRED
TEACHING RESEARCH PRACTICE